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JC887 U.S. PTO

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Please type a plus sign (+) inside this box →

PTO/SB/05 (08-00) (modified)

Approved for use through 9/30/2001, OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

JC997 U.S. PTO
09/930914

08/15/01

NEW UTILITY PATENT APPLICATION TRANSMITTAL

(only for new nonprovisional applications under

37 CFR 1.53(b))

	Attorney Docket Number	22837-06289
	First Named Inventor	Yoshihiro Yamaguchi
	Title	BLADE SHAPE DESIGNING METHOD, PROGRAM THEREOF AND INFORMATION MEDIUM HAVING THE PROGRAM RECORDED THEREON
	Express Mail Label No.	EL566299204US

APPLICATION ELEMENTS		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)		7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		8. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
3. <input checked="" type="checkbox"/> Specification	Total Pages <input type="text" value="31"/>	9. <input checked="" type="checkbox"/> Power of Attorney or Authorization of Agent	
(preferred arrangement set forth below)		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement	
■ Descriptive Title of the Invention		11. <input type="checkbox"/> Preliminary Amendment	
■ Cross Reference(s) to Related Case(s)		12. <input type="checkbox"/> Information Disclosure Statement & PTO-1449 <input type="checkbox"/> Copies of IDS Citation(s)	
■ Statement Regarding Fed sponsored R & D		13. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent	
■ Background of the Invention		14. <input checked="" type="checkbox"/> Return Postcard	
■ Brief Summary of the Invention		15. <input type="checkbox"/>	
■ Brief Description of the Drawing(s)		16. <input type="checkbox"/>	
■ Detailed Description		17. <input type="checkbox"/>	
■ Claim or Claims			
■ Abstract of the Disclosure			
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113)	Total Sheets <input type="text" value="11"/>		
5. Oath or Declaration			
a. <input checked="" type="checkbox"/> New Declaration	Total Pages <input type="text" value="1"/>		
<input type="checkbox"/> Executed (original or copy)			
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)			
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).			
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			
ADDRESS TO:			
Box Patent Application Commissioner for Patents Washington, D.C. 20231			

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment or in an Application Data Sheet under 37 CFR 1.76.

Continuation Divisional Continuation-in-part (CIP) of prior application No: _____

Prior application information: Examiner: _____ Group/Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuing or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS



Customer Number and Bar Code
Label

00758

Name (Print/Type)	Albert C. Smith	Registration No. (Attorney/Agent)	20,355
Signature	A.C. Smith	Date	8/15/01

0002/PTO(modified)	U.S. Department of Commerce	Complete if Known		
Rev. 10/2000	Patent and Trademark Office	Application Number		
FEE TRANSMITTAL		Filing Date	August 15, 2001	
TOTAL AMOUNT OF PAYMENT		First Named Inventor	Yoshihiro Yamaguchi	
Subtotal (1) + Subtotal (2) + Subtotal (3) = (\$710.00)		Group Art Unit		
		Examiner Name		
		Attorney Docket Number	22837-06289	

METHOD OF PAYMENT		FEES CALCULATION (continued)		
1. The Commissioner is hereby authorized to:		3. ADDITIONAL FEES		
<input type="checkbox"/> Charge the indicated fees to the below mentioned deposit account. <input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account. † <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27		Large Entity	Small Entity	
		Fee Code/Fee	Fee Code/Fee	Fee Description
		105/\$130	205/\$65	Surcharge - late filing fee or oath
		127/\$50	227/\$25	Surcharge-late provisional filing fee or cover sheet
		147/\$2,520	147/\$2,520	For filing a request for reexamination
		115/\$110	215/\$55	Extension for response within first month†
		116/\$390	216/\$195	Extension for response within second month†
		117/\$890	217/\$445	Extension for response within third month†
		118/\$1,390	218/\$695	Extension for response within fourth month†
		128/\$1,890	228/\$945	Extension for response within fifth month†
		119/\$310	219/\$155	Notice of Appeal
		141/\$1,240	241/\$620	Petition to revive unintentionally abandoned application
		142/\$1,240	242/\$620	Utility Issue Fee (Or Reissue)
		143/\$440	243/\$220	Design Issue Fee
		122/\$130	122/\$130	Petitions to the Commissioner
		126/\$180	126/\$180	Submission of Information Disclosure Statement
		179/\$710	279/\$355	Request for Continued Examination (RCE)
		581/\$40	581/\$40	Recording each patent assignment per property (times number of properties)
		146/\$710	246/\$355	Filing a submission after final rejection (37 CFR 1.129(a))
		149/\$710	249/\$355	For each additional invention to be examined (37 CFR 1.129(b))
		Other fee (specify):		
		Other fee (specify):		
		SUBTOTAL (3) (\$0)		
2. CLAIMS				
Large Entity	Small Entity	Fee Description		
Fee Code/Fee	Fee Code/Fee			
103/\$18	203/\$9	Claims in excess of 20		
102/\$80	202/\$40	Independent claims in excess of 3		
104/\$270	204/\$135	Multiple dependent claim		
109/\$80	209/\$40	Reissue independent claims over original patent		
110/\$18	210/\$9	Reissue claims in excess of 20 and over original patent		
		(Col. 1)	(Col. 2)	(Col. 3)
For	No. of Existing Claims	Highest No Previously Paid For	Extra**	Fee
TOTAL	15	20 or 0	0	= 0
INDEP	3	3 or 0	0	= 0
[] First presentation of multiple dependent claim				
* Subtract the greater number of Col. 2				
** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3				
SUBTOTAL (2) (\$0)				
SUBMITTED BY				
Typed or Printed Name		Complete (if applicable)		
Albert C. Smith		Reg. Number	20,355	
Signature	<i>Albert C. Smith</i>		Date	8/15/01

† Request for Extension of Time per 37 CFR 1.136 (a)(3) made hereby